

Quality and Accountability Program Quality Measures and Scoring Options

April 22, 2013 Stakeholder Discussion



Quality Measures

Quality Measures identified by law for QASP payment:

- Staffing
 - Nursing Hours per Patient Day (NHPPD) 3.2
 - Direct Care Staffing Retention (optional)
- Physical Restraints-Long Stay
- “Facility Acquired” Pressure Ulcers-Long Stay and Short Stay
- Immunizations
 - Influenza-Long Stay and Short Stay
 - Pneumococcal-Long Stay and Short Stay
- Patient/Family Satisfaction

Ineligible for QASP Payments

- Facilities with AA or A citations
- Any days of non-compliance with the 3.2 NHPPD requirement
- Facilities with no Medi-Cal Bed days (MCBD)

Facilities Summary

July 1, 2011- June 30, 2012

Facilities	1,095
Non-Compliant w/ 3.2 NHPPD	155
AA/A Citations	49
No Medi-Cal Bed Days	84
Incomplete MDS Data	58
Total Eligible Facilities	749

Baseline Year Quality Measure Results

July 1, 2011-June 30, 2012

MDS Clinical							
	Pressure Ulcers		Physical Restraints	Influenza Vaccination		Pneumococcal Vaccination	
	Long Stay	Short Stay	Long Stay	Long Stay	Short Stay	Long Stay	Short Stay
Statewide Average	4.25%	1.87%	3.97%	91.00%	78.41%	93.88%	77.37%
75th Percentile	2.02%	0.34%	0.00%	98.47%	93.28%	100.00%	94.21%

Proposed Payment Model

Three-Tiered with Improvement Scoring

- 100 Points are divided among the measurements with point values distributed for each quality indicator
- Facilities that meet the benchmark as set at the statewide average would receive half the points allocated for a measure while those meeting 75% would get the full allocation.
- A pre-determined amount (i.e. 10% of \$40M = \$4M) is set aside for facility improvement from the baseline year SFY 2012.
- Facilities receive an overall quality of care score when points from each of the quality measures are totaled.
- Facilities that score at least 50 points are eligible for QASP payments. Facilities receiving 66.7 points or above get a higher rate of payment.

Payment Model - Three-Tiered with Improvement Scoring

- Does not penalize facilities that do not “use” all measures. Methodology reallocates the potential points to the types of measures the facility implements, so that the facilities are not penalized.

Ex-Short Stay Pressure Ulcer Measure. Facilities w/o short stays can still achieve the 100 points possible. The 100 points is divided across one less measure and the other measures are worth more points.

Three-Tiered with Improvement Scoring

- Additional incentive for SNFs to score significantly more points than the payment threshold and encourages greater quality improvement.
- A tiered methodology is utilized by CMS's Nursing Home Value Based Pricing. In line with national initiatives.

Point Allocation - Example

“Equal” Value for Each Measurement Area

- Facilities must meet the 3.2 NHPPD requirement to receive any payment.
- 100 points are divided among the 3 highlighted measurement areas.
- Point values for each measurement area are distributed equally for each quality indicator.

Measurement Area/ Quality Indicator	Point Value
Pressure Ulcers	34.00
Pressure Ulcers: Long Stay	17.00
Pressure Ulcers: Short Stay	17.00
Physical Restraints	33.00
Physical Restraints: Long Stay	33.00
Immunizations	33.00
Influenza Vaccination: Long Stay	8.25
Influenza Vaccination: Short Stay	8.25
Pneumococcal Vaccination: Long Stay	8.25
Pneumococcal Vaccination: Short Stay	8.25
Total	100.00

Three-Tiered with Improvement Scoring - Example

Three-Tiered Approach Total Payout: \$36m						
Payment Tier	Point Range	Number of SNFs	Payout per MCBD	Total MCBDS per Tier	Total Payout per Tier	Average Payout per SNF
Tier 1	0 – 49.99	419	\$0.00	10,280,958	\$0.00	\$0
Tier 2	50.00 – 66.69	211	\$4.28	4,381,696	\$18,753,659	\$88,880
Tier 3	66.70 – 100	119	\$8.55	2,019,628	\$17,267,819	\$145,108
Total Receiving Payment		330 (44.0%)				

Improvement Scoring Example

10 Facilities Ranked by Improvement (20th Percentile Line)

Current Score – Baseline = Improvement Score

	<u>Current Score</u>			<u>Baseline</u>		<u>Improvement Score</u>	
Facility A	65	minus		45	=	20	Receives Payment
Facility B	44	minus		25	=	19	
Facility C	52	minus		35	=	17	Does not Receive Payment
Facility D	50	minus		34	=	16	
Facility E	56	minus		42	=	14	
Facility F	49	minus		35	=	14	
Facility G	46	minus		33	=	13	
Facility H	64	minus		51	=	13	
Facility I	48	minus		36	=	12	
Facility J	67	minus		57	=	10	

Other Payment Options Considered

Flat Scoring - Facilities receive points upon meeting the benchmark for each performance measure. If a facility's cumulative score equates to at least 50 points, as an example, the facility would receive a supplemental payment. Unlike the tiered approach, there is only one benchmark.

Non-cumulative Scoring - Each MDS measure has its own pre-determined portion of the QASP. Each facility can receive a payout independent of each measure's score.

Quality and Accountability Supplemental Payment Program

Please send feedback by April 30th to

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www.dhcs.ca.gov/services/medi-cal/Pages/LTCAB1629QAP.aspx

Next Stakeholder Meeting TBD